

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014348

Entity Name: ARPAD ADVISORS, L.L.C.

FILED
Mar 10, 2005
Secretary of State

Current Principal Place of Business:

438 ANCHOR WAY
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

37 CARDINAL DR.
NORTH FORT MYERS, FL 33917

Current Mailing Address:

752 OVERIVER DR.
NORTH FORT MYERS, FL 33903

New Mailing Address:

4085 HANCOCK BRIDGE PKWY
SUITE 111 PMB 138
NORTH FORT MYERS, FL 33903

FEI Number: 55-0827463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARPAD, DIANA
752 OVERIVER DR.
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ARPAD, DIANA L PR
Address: 752 OVERIVER DR.
City-St-Zip: N. FT. MYERS, FL 33903

Title: MGRM () Delete
Name: ARPAD, SHELDON
Address: 752 OVERIVER DR.
City-St-Zip: N. FT. MYERS, FL 33903

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DIANA ARPAD

MGRM

03/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date